AFFIDAVIT

STATE OF ALABAMA)
)
Montgomery COUNTY)

I, Catherine Stallworth, hereby certify and affirm that I am a Medical Records Supv., at Kilby; that I am one of the custodians of medical records at this institution; that the attached documents are true, exact, and correct photocopies of certain medical records maintained here in the institution medical file of one Sidney Clayton, AIS# 224797; and that I am over the age of twenty-one years and am competent to testify to the aforesaid documents and matters stated therein.

I further certify and affirm that said documents are maintained in the usual and ordinary course of business at Kilby; and that said documents (and the entries therein) were made at, or reasonably near, the time that by, or from information transmitted by, a person with knowledge of such acts, events, and transactions referred to therein are said to have occurred.

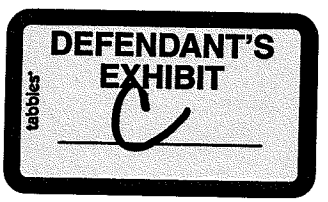
This, I do hereby certify and affirm to on this the 24th day of October, 2006.

Catherine Stallworth

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 24th Day of October, 2006.

Cynthia R. Evans
Notary Public

6-15-08
My Commission Expires



PROBLEM LIST

Name: Clayton, Sidney

AIS# 224797

Date of Birth: 3/23/76

Medication Allergies: NKDA

Mental Health Code: SMI HARM HIST NONE (circled) Date Code Assigned: 12/5/02
(Changes in Mental Health Code should be identified on the Problem List)

Date Identified	Chronic (Long-Term) Problems Roman Numerals for Medical/Surgical Capital Letters for Psychiatric/Behavioral	Date Resolved	Health Care Practitioner Initial
12/17/02	Facial Folliculitis (Moderate)		
5/12/03	Dizziness		
9/14/05	allergic sinusitis		Coday CRNP.
			(IF)
3/17/06	Asthma – (mild)		[illegible]

Nurse's Chronic Care Clinic

Date: 4/29/06 Time: 11:15 Facility BCCF

Check all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TB

Vital Signs: BP 116/76 P 88 R 18 T 98

SUBJECTIVE:

For diabetic patients, list the # of hypoglycemic reactions since the last CIC visit: Dates:
See attached for monofilament check.
For asthma patients, list the # of asthma attack visits since the last CIC visit: 0 Dates: NA
For seizure patients, list the # of witnessed seizures since the last CIC visits: Dates:

ALLERGIES: NKA
MEDICATIONS: Listed CURRENT DIET: Reg
DESCRIBE MED AND DIET ADHERANCE: Compliant
DESCRIBE ANY MED SIDE EFFECTS: None stated
VACCINES: Flu Pneumovax Hep A Hep B
For asthma pts, list the number of short-acting inhaler canisters refilled in the past month
(*This should equate to one inhaler per month.)

Lab/Diagnostic test(s) w/ date(s): HbA1c on ; CD4 & HIV-RNA on ;
Peak Flow 85% LFTs on ; Serum Drug Levels on ; EKG ; CXR

Medications:
Albuterol Inhaler

Patient Educated on:
Instructed on the need for safety issues

Inmate Signature Sidney Clayton Bey

Nurses Signature and Title LVN

Clayton, Sidney
NAME

224797
AIS

M
GENDER

B
RACE

3/23/7
DOB

(Revised 05/18/05)

Physician's Chronic Care Clinic

Date: 4/24/06 Time: 1110 Facility: Bcf

Check all applicable CIC's being evaluated: __Card/HTN __DM __GI __ID ✓ PUL __SZ __TB

SUBJECTIVE:

No Complaints

OBJECTIVE: BP 110/76 HR 88 RR 18 Temp 98 Wt 194 Peak Flow 850

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

NAD [illegible]
[illegible]
[illegible]
Abdo [illegible]
Ext [illegible]

[illegible] clear
no wheeze

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today Visit. Degree of Control: G=Good, F=Fair, P=Poor
Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	GI	OTH
Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree o
G F P	G F P	G F P	G F P	G F P	G F P	G I
Status	Status	Status	Status	Status	Status	St
I S W	I S W	I S W	I S W	I S W	I S W	I

PLAN: Cont Albuterol

F/U: Routine 90 days: ______ Other ______ Problem List Updated: Yes

[signature] 4/24/06
Physician/NP/PA

Clayton, Sidney
NAME

224 79[illegible]
AIS#

M
GENDER

B
RACE

3/23/76
DOB

(Revised 5/18/05)

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Clayton Sidney
LAST **FIRST** **MI**

DATE OF BIRTH 3-24-06 **SS#** 224 797

Housing Recommendations:

General Population____
Medical Observation Unit____
Lower Level/Lower Bunk____
Suicide Precautions____
Special Watch (15 Minute Checks)____
Isolation____
Initiate Universal Precautions____

(1) Prenatil Inhaler use 2 Puffs Q4h prn x 1 from 3-24-06 till 9-24-06

Individual found to be:

Frail/Elderly____
Physically Handicapped____
Developmentally Disabled____
Drug/Alcohol Withdrawal____
Special Mental Health Needs____
Expressed Suicidal Ideation____
History of Seizures____
Other____
Specify_____

(2) Pill Call 3 am, 3 pm

Nurse _____ Date 3-24-06

Sidney Clayton

GLF 1005 Original/Classification Second Copy/Booking Staff Third Copy/Medical Unit

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Clayton Sidney
LAST **FIRST** **MI**

DATE OF BIRTH 3-23-76 **SS#** 224 797

Housing Recommendations:

General Population____
Medical Observation Unit____
Lower Level/Lower Bunk____
Suicide Precautions____
Special Watch (15 Minute Checks)____
Isolation____
Initiate Universal Precautions____

KOP
Bengay Oint
daily for
lower back
pain X 1 Month
3-15-06 — 4-15-06

Individual found to be:

Frail/Elderly____
Physically Handicapped____
Developmentally Disabled____
Drug/Alcohol Withdrawal____
Special Mental Health Needs____
Expressed Suicidal Ideation____
History of Seizures____
Other____
Specify____

Nurse MBenefield fn Date 3-15-06

+ Sidney Clayton

GLF 1005 Original/Classification Second Copy/Booking Staff Third Copy/Medical Unit

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Clayton Sidney
LAST **FIRST** **MI**

DATE OF BIRTH 3-26-76 **SS#** 224797

Housing Recommendations:

General Population ____
Medical Observation Unit ____
Lower Level/Lower Bunk ____
Suicide Precautions ____
Special Watch (15 Minute Checks) ____
Isolation ____
Initiate Universal Precautions ____

To M.D on Friday 3/17/06 @ 800/AM R/T Wheezi

Individual found to be:

Frail/Elderly ____
Physically Handicapped ____
Developmentally Disabled ____
Drug/Alcohol Withdrawal ____
Special Mental Health Needs ____
Expressed Suicidal Ideation ____
History of Seizures ____
Other ____
Specify ____

Nurse V Young LPN Date 3/15/06

Sidney Clayton 224797

GLF 1005 Original/Classification Second Copy/Booking Staff Third Copy/Medical Unit

PRISON HEALTH SERVICES, INC.

YEARLY HEALTH EVALUATION

I. HISTORY – (LPN or RN)	YES	NO	COMMENT(S)
Weight Change (greater 15 lbs.) (Compare Weight Below)		✓	195 3-30-05 Last weight at least 6 months ago
Persistent Cough		✓	
Chest Pain		✓	
Blood in Urine or Stool		✓	
Difficult Urination		✓	
Other Illnesses (Details)		✓	
Smoke, Dip or Chew		✓	
ALLERGIES	✓		Sinus

Weight 190½ Temp 97.8 Height 6'2" Pulse 78 Resp 20 Blood Pressure 122/90

If greater than > 140/90, repeat in 1hour.
Refer to M.D. if remains > 140/90.

Eye Exam: 20/30 OD 20/40 OS 20/25 OU

Please make APPT c NP or MD Re: HBP noted hx

II. TESTING – (LPN or RN)	RESULTS
	Finger stick blood sugar 134
Tuberculin Skin Test (q yr)	Date given 3-7-06 Site RFA
	Read on 3-9-06 Results 0 mm
Past Positive TB Skin Test →	**Survey Completed**
(Chest x-ray if clinical symptoms)	Date Results
RPR (q 3 yrs)	Date Results
EKG (baseline at 35, over 45 q 3 yrs)	N/A
Cholesterol (at 35 then q 5 yrs)	N/A
Tetanus/Diptheria (q 10 yrs)	Last Given 2002 Due 2012
(if done today)	Site given Dose Lot #
Optometry Exam (@ 50 if not already seen)	N/A
Mammogram	Date N/A Results
(females @ 40, q 2 yrs/other M.D. order)	

III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)	
Class (1) 2 3 4 5	Restrictions None
Heart	RRR
Lungs	Wheezing both lungs
Breast Exam	no
Rectal (yearly after 45)	Results N/A
with Hemoccult	Results
Pelvic and PAP (q 1 yr)	Date N/A Results

Facility VCF Nurse Signature MBenfield Date 3-7-06

M.D. or Mid-Level Signature Mgd ORP Date 3/9/06

INMATE NAME	AIS#	D.O.B.	RACE/SEX
Clayton, Sidney	224797	032316	B/M

PRISON HEALTH SERVICES, INC.

DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Nonie Clayton — Mother
Name — **Relationship**

317 Beaconcrest circle — (205)870-3270
Street Address — **Phone Number**

Birmingham — AL — 35920
City — **State** — **Zip Code**

Sidney Clayton — 224797 — 314-78-3270 — 3/7/06
Inmate Signature — **AIS#** — **SS#** — **Date**

B. Cannon PLT — 3-7-06
Witness — **Date**

INMATE NAME (LAST, FIRST, MIDDLE)	AIS#	D.O.B.	RACE/SEX	FACILITY
Clayton, Sidney	224797	3/23/74	B/m	VCF

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Clayton Sidney
LAST **FIRST** **MI**

DATE OF BIRTH 3-23-76 **SS#** 224 M 97

Housing Recommendations:

General Population ____ (1) See D1 Rayapati' 12-20-05 @ 800 am
Medical Observation Unit ____
Lower Level/Lower Bunk ____
Suicide Precautions ____
Special Watch (15 Minute Checks) ____
Isolation ____
Initiate Universal Precautions ____

Individual found to be:

Frail/Elderly ____
Physically Handicapped ____
Developmentally Disabled ____
Drug/Alcohol Withdrawal ____
Special Mental Health Needs ____
Expressed Suicidal Ideation ____
History of Seizures ____
Other ____
Specify ____

Sidney Clayton

Nurse [signature] Date 12-18-05

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Clayton Sidney
LAST **FIRST** **MI**

DATE OF BIRTH 3-23-76 **SS#** 224797

Housing Recommendations:

General Population____
Medical Observation Unit____
Lower Level/Lower Bunk____
Suicide Precautions____
Special Watch (15 Minute Checks)____
Isolation____
Initiate Universal Precautions____

Moist Heat to Thoracic and Lumbar Spine for 15min. 2xday for 5 days

Individual found to be:

Frail/Elderly____
Physically Handicapped____
Developmentally Disabled____
Drug/Alcohol Withdrawal____
Special Mental Health Needs____
Expressed Suicidal Ideation____
History of Seizures____
Other____
Specify_____

Nurse V. Young LPN Date 12-6-05

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Clayton, Sidney
LAST **FIRST** **MI**

DATE OF BIRTH 3-23-76 **SS#** 224797

Housing Recommendations:

General Population____
Medical Observation Unit____
Lower Level/Lower Bunk____
Suicide Precautions____
Special Watch (15 Minute Checks)____
Isolation____
Initiate Universal Precautions____

Saline Nasal Spray
Bid (twice a day) X 90d
KOP
(10-24-05 – 1-24-06)
per Dr. Rayapati

Individual found to be:

Frail/Elderly____
Physically Handicapped____
Developmentally Disabled____
Drug/Alcohol Withdrawal____
Special Mental Health Needs____
Expressed Suicidal Ideation____
History of Seizures____
Other____
Specify____

Nurse V. Thomas LPN Date 10-24-05

(AI)
Sidney Clayton 224797

GLF 1005 Original/Classification Second Copy/Booking Staff Third Copy/Medical Unit

PRISON HEALTH SERVICES, INC.

YEARLY HEALTH EVALUATION

I. HISTORY – (LPN or RN)	YES	NO	COMMENT(S)
Weight Change (greater 15 lbs.) (Compare Weight Below)	___	✓	206 - 12/17/04 Last weight at least 6 months ago
Persistent Cough	___	✓	___
Chest Pain	___	✓	___
Blood in Urine or Stool	___	✓	___
Difficult Urination	___	✓	___
Other Illnesses (Details)	___	✓	___
Smoke, Dip or Chew	___	✓	___
ALLERGIES	___	✓	___

Weight 195# Temp 97.8 Height 63 Pulse 54 Resp 18 Blood Pressure 120/80

If greater than > 140/90, repeat in 1hour.
Refer to M.D. if remains > 140/90.

Eye Exam: 20/20 OD 20/25 OS 20/20 OU

II. TESTING – (LPN or RN)	RESULTS
Tuberculin Skin Test (q yr)	Date given 3/24/05 Site RFA Read on 3/26/05 Results 0 mm
Past Positive TB Skin Test →	**Survey Completed** ___
(Chest x-ray if clinical symptoms)	Date ___ Results ___
RPR (q 3 yrs)	Date 12-3-02 Results NR
EKG (baseline at 35, over 45 q 3 yrs)	N/A
Cholesterol (at 35 then q 5 yrs)	N/A
Tetanus/Diptheria (q 10 yrs) (if done today)	Last Given 2002 Due 2012 Site given — Dose — Lot # —
Optometry Exam (@ 50 if not already seen)	N/A
Mammogram (females @ 40, q 2 yrs/other M.D. order)	Date N/A Results —

III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)

Class (1) 2 3 4 5 Restrictions: NKA

Heart	Reg Rhythm
Lungs	Clear
Breast Exam	no masses, drainage.
Rectal (yearly after 45)	Results ___
with Hemoccult	Results N/A
Pelvic and PAP (q 1 yr)	Date N/A Results —

Facility Ventress Nurse Signature T. Smith LCA Date 3/24/05

M.D. or Mid-Level Signature [signature] Date 3/30/05

INMATE NAME	AIS#	D.O.B.	RACE/SEX
Clayton, Sidney	224797	3-23-76	B/M

PRISON HEALTH SERVICES, INC.

DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Name: Jane Clayton (mother) — Relationship

Street Address: 317 Beacon Crest Circle — Phone Number

City: Birmingham, AL — State: 35954 — Zip Code

Inmate Signature: + Sidney Clayton — AIS#: 314-78-3270 — SS#: — Date: 3/24/05

Witness: J. Smith Jr — 3/23/05 3/24/05 — Date

INMATE NAME (LAST, FIRST, MIDDLE)	AIS#	D.O.B.	RACE/SEX	FACILITY
Clayton, Sidney	224797	3/23/76	B/M	YCF

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Clayton, Sidney B
LAST **FIRST** **MI**

DATE OF BIRTH 3-23-76 ~~SS#~~ AIS 224797

6-15-04 73° BP 150/90

Housing Recommendations:

General Population BP Check x 3 days 5 am

Medical Observation Unit_____

Lower Level/Lower Bunk_____ 6-16-04

Suicide Precautions_____ 6-17-04

Special Watch (15 Minute Checks)_____ 6-18-04

Isolation_____

Initiate Universal Precautions_____

Individual found to be: Sidney Clayton

Frail/Elderly_____

Physically Handicapped_____

Developmentally Disabled_____

Drug/Alcohol Withdrawal_____

Special Mental Health Needs_____

Expressed Suicidal Ideation_____

History of Seizures_____

Other_____

Specify_____

Nurse [signature] RN Date 6-15-04

GLF 1005 Original/Classification Second Copy/Booking Staff Third Copy/Medical Unit

HEALTH EVALUATION

Age 27 Sex M Race B Ht 6'3" Wt 206

Temp	BP	Pulse	Resp
98.2	120/90	67	20

Do you now or have you ever had, or been treated for:

Problems	Y	N	Problems	Y	N
Head Trauma		✓	Kidney Stones/Disease		✓
Loss of Consciousness		✓	Bladder/Kidney Infection		✓
Severe Headaches		✓	Alcoholism		✓
Vertigo/Dizziness		✓	Drug Abuse		✓
Vision Problems		✓	Tobacco Use		✓
Hearing Problems		✓	Psychiatric Hx		✓
Dental Prob./ Dentures		✓	Suicidal		✓
Seizures		✓	**Communicable/Contagious**		
Strokes		✓	Tuberculosis		✓
Nervous Disorders		✓	HIV/ AIDS		✓
DT's		✓	Hepatitis- Type		✓
Heart Condition		✓	Gonorrhea		✓
Angina/Heart Attack		✓	Syphilis		✓
High B.P.		✓	Lice; Crabs; Scabies		✓
Anemia/Blood		✓	**OB/ GYN**		
Lung Condition		✓	LMP Date:		
Asthma		✓	Duration:		
Bronchitis		✓	LMP Normal:		
Emphysema		✓	Regularity:	Y	N
Pneumonia		✓	Gravida/Para:		
Diabetes		✓	AB/Miscarriage:		
Hay Fever/ Allergies		✓	Contraception:	Y	N
Gastritis		✓	Describe:		
Ulcers		✓	LAB Tests- Dates	N	Ab
Bleeding		✓	RPR 12-3-03	✓	
Gall Bladder/Pancreas		✓	PPD- Date given: 3-9-04		
Liver Problems		✓	RFA/ LFA RFA		
Arthritis		✓	Date read: 3/11/04		
Joint Muscle Problem		✓	Results in mm.: 0		
Back/Neck Problem		✓	Deferred/ Follow-up:		

APPRAISAL		N	Abn/Comment
	Screening Observation	☐	Check items below & initial
General	Movement, Deformity, Pain, Bleeding	☑	
	Habitus, Hygiene	BL	
Neuro	Mental Status, Intox Withdrawal, Tremors	☑	
	Neuro-deficits	BL	
Skin	Injury, Bruises, Trauma Jaundice Diaphoretic, Rash Lesions, Infestations Needle Marks	☑	
	Color, Turgor	BL	
Head	Normocephalic Atraumatic Hair, Scalp	☑	
		BL	
Eyes	Glasses/ Vision Pupils Sclera, Conjunctiva	☑	
		BL	
Ears	Appearance Canals, TM's, Hearing	☑	BL
Nose	Epistaxsis, Sinuses	☑	BL
Throat	Teeth, Gums, Dentures Mouth, Tongue, Tonsils Airway	☑	
		BL	
Neck	C Spine, Mobility Veins, Carotids Thyroid, Lymph Nodes	☑	
		BL	
Chest	Config. Ausc./ Resp. Cough/ Sputum	☑	
(Breasts)	Masses	BL	
Heart	Ausc. Rate, Rhythm Murmurs, Ectopy	☐	
Abdomen	Bowel Sounds Palp, G/R/T, Hernia	☐	small reducible umbilical hernia
GU	Flank Tenderness Bladder Tenderness /Distention	☑	
		BL	
Back	ROM, Spasm, Injury	☑	
		BL	
Extrem	Edema, Pulse Cyanosis- ROM, Injury	☐	
Genitals	Injuries/ Lesions	☑	
		BL	V
Pelvic/ Pap	Deferred ☐		
Rectal/ Gulac	Deferred ☒		

Comments:

Placement: (✓) General Population ( ) Emergency Dept. ( ) Isolation ( ) Medical Observation ( ) Other: _____

Referral: ( ) Medical ( ) Dental ( ) Mental Health ( ) Other _____ When: (✓) Immediately ( ) Next Sick Call _____

M Benefield Jr 3-9-04 09:20 [signature] MD

Screener's Signature Date/Time Evaluator's Signature/ Title Date/ Time

B. Leslie RN 03-09-04

PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Barbara Trimble — Sister

Name — Relationship

404 Lookout Cove — 256-538-0011

Street Address — Phone Number

Attalla — al. — 35954

City — State — Zip Code

+ Sidney Clayton — 224797 — 314-78-3290 — 3-9-04

Inmate Signature — Doc# — S.S.# — Date

M Benefield — 3-9-04

Witness — Date

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	RACE/SEX	FAC.
Clayton, Sidney	224797	3-23-76	B/M	VCF

PHS-MD-70003 (White – Medical Record, Yellow – Active File, Pink – Control Center)

HISTORY AND SCREENING

Inmate Name: Sidney S Clayton ID #: 224797 Race: BK M D.O.B: 3/23/76

INMATE QUESTIONNAIRE

		(circle one)	
1.	Do you have a medical problem such as bleeding or injuries that requires immediate medical attention?	Yes	No
2.	Have you fainted or had a head injury in the past 6 months?	Yes	No
3.	Have you been seen by a doctor in the past 6 months?	Yes	No
4.	Do you wear glasses or contact lenses?	Yes	No
5.	Do you have prosthesis, splint, crutches, cast or brace that you will need while here?	Yes	No
6.	Do you drink wine, beer or whiskey? How often_____ How much_____ Last time_____	Yes	No
7.	Have you had seizures or blackouts when you stop drinking?	Yes	No
8.	Do you use drugs? Type_____ How often_____ Last time_____	Yes	No
9.	Have you had withdrawal problems when you stop taking drugs?	Yes	No
10.	Are you currently detoxing? If yes, from what substance? _____	Yes	No
11.	Do you have any medical problems we should know about?	Yes	No
12.	Have you been in this facility before?	Yes	No
13.	Are you covered by medical insurance or a benefits program?	Yes	No
	MENTAL HEALTH		
14.	Have you ever been hospitalized or treated for psychiatric problem?	Yes	No
15.	Have you ever considered or attempted suicide?	Yes	No
16.	Are you feeling depressed or extremely sad?	Yes	No
17.	Do you want to hurt yourself or someone else?	Yes	No
18.	Are you hearing voices? If yes, what are they saying?	Yes	No
	FEMALE INMATES ONLY		
19.	Are you pregnant? LMP_____	Yes	No
20.	Do you use birth control? Type_____	Yes	No
21.	Have you recently had a baby, miscarriage or abortion?	Yes	No

Comments: (Explain "Yes" Responses)

CURRENT MEDICAL CONDITIONS (√ terms that apply)

Unconscious		Skin Infection	
Disoriented		Restricted Mobility	
Intoxicated		Skin Rash	
Lesions		Jaundice	
Obvious Pain		Needle Marks	
Bruises		Swollen Glands	
Fever		Active Cough	
Nausea		Vaginal/Penile Discharge	
Uses Tobacco		Dental Problems	

MEDICAL HISTORY (√ terms that apply)

Arthritis		Frequent Diarrhea	
Diabetes		Genital Sores	
Seizure Disorder		V.D.	
Asthma		Hepatitis	
Special Diet		HIV+	
Heart Condition		Tuberculosis	
Hypertension		Persistent Sore Throat	
Stomach Ulcer		Dental Problems	
Cancer		Surgeries	
Sickle Cell Anemia		Chest Pain	
Emphysema		Jaundice	

TB HISTORY

Ever treated with TB drugs?	Yes	No
Previous PPD test?	Yes	No
Previous Positive Reaction?	Yes	No
If positive result:		
When _____		
Where _____		

Chronic Cough/Blood		Fever	
Recent Weight Loss		Night Sweats	
Recent Appetite Loss		Fatigue	

MEDICATIONS

Current Medications: Ø

VITAL SIGNS

HT 5'7" WT 190 BP 120/70
Pulse 92 Resp 20 Temp 98.9

DISPOSITION

Referrals _____ None

_____ Emergency Room (Pre-booking injury)
_____ Emergency Room (Acute condition)
_____ Physician
_____ Sick Call

Placement

_____ Infirmary
_____ Detoxification Setting
_____ General Population
_____ Other

ALLERGIES

Medication Allergies: Yes No
Type: _____

Other Allergies: Yes No
Type: _____

I acknowledge that I have answered all questions truthfully and have been told the way to obtain health services and consent to routine care provided by facility healthcare professionals. I understand that any medications not picked up within 30 days of release will be destroyed.

Inmate Signature: x Sidney Clayton

SCREENED BY: Sidney Clayton RN DATE: 12-3-02 TIME: 8:00A

REVIEWED BY: _____ DATE: _____ TIME: _____

PHYSICAL ASSESSMENT

Institution

INMATE NAME:

TYPE OF ASSESSMENT: INITIAL_____ OTHER_____

FAMILY HISTORY: (F/FATHER, M/MOTHER, B/BROTHER, S/SISTER)
TB____ HEPATITIS____ HIV+____ HYPERTENSION____
CANCER____ ASTHMA____ EPILEPSY____ ANEMIA____
KIDNEY DISEASE____ SICKLE CELL____ SEIZURES____
MENTAL ILLNESS____ DIABETES____ HEART DISEASE____
OTHER

VITAL SIGNS
HT____ WT_____ BP_____
PULSE RESP TEMP

VISION (SNELLEN CHART)
Rt: 20/20 with glasses_____
Lt: 20/20 with glasses_____

PHYSICAL ASSESSMENT

	Normal/Not Present Please	Abnormal/Comment
SKIN: Color, Condition, Turgor, Recent Injury, Tatoos, Scars	✓	OK
HEAD: Hair, Scalp (pediculi)	✓	
EARS: Appearance, Canals	✓	
MOUTH: Throat, Tongue, Tonsils	✓	
NOSE: Obstruction, Drainage	✓	
NECK: Veins, Mobility, Thyroid, Carotids, Lymph nodes	✓	
CHEST (BREASTS) Configuration, Auscultation, Respirations, Cough/Sputum	✓	EBBS
HEART: Auscultation, Radial pulse, Apical pulse, Rythm	✓	RRR
ABDOMEN: Shape, Bowel Sounds, Palpation, Hernia	✓	NON-tender
SPINE	✓	OK
NEUROLOGICAL: Reflexes	✓	
GENITAL/URINARY: Lesions, Discharge	✓	
RECTAL EXAM: (For 40 yrs. old and older) Hemorroids, Anal Warts, Stool for Occult Blood + -		
EXTREMITIES: Pulses, Edema, Joints	✓	OK

FEMALES ONLY

PELVIC EXAM:
Pap Smear
Gonorrhea Culture
(Admission PE only)

IMMUNIZATION STATUS
Date last Tetanus: 2002

Other

TB SCREENING
Current PPD: 12-3-02
Date Given:_____
Results and Date: 12-6-02 0mm
PLEASE CIRCLE
Follow-up scheduled: Not Indicated
Yes

ORAL SCREENING
Pain/Discomfort:_____
Condition of teeth: poor fair good
Condition of gums: poor healthy
False teeth: partial plate upper lower
Oral Hygiene instructions given:

REMARKS
RPR/HIV done

REFERRAL

Assessed by: RN
Date: 12/5/02 Time:_____
Physician Review: CNP
Date: 12/6/02 Time: 1045

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
4/11/06	8:45AM	Seen @ Bullock C Val. I of I Dos D-MH Meds.	K Jackson MHP

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Clayton Sidney	124797	3/23/72	BM	BCF

F-61

PSYCHOLOGICAL INTERVIEW/DATA ENTRY FORM

Name: Clayton, Sidney AIS#: 224797 R/S: B/M

Date: 12/20/02 Date of Birth: 3/23/76 Age: 26

Beta II: 74 WAIS: ___/___/___ WRAT-RL: 5.8

Last School Grade Completed: 11 Special Education Classes: Yes (No)

MMPI Welsh Code: 9 364 2187/50: L'K·F# Megargee Type: ________

General Appearance

✓ a. Neat and generally appropriate
___ b. Poorly groomed
___ c. Flat or avoiding interaction
___ d. Sad or worried
___ e. Other*

I. Interpersonal Functioning

X a. Normal-good relationships likely
___ b. Withdrawn/apparent loner
___ c. Likely to ignore rights/needs
___ d. Lacks skill or confidence
___ e. Probably difficult to get along with

Other* (Specify) ___1. ___2. ___3. ___4. ___5. ___6.
(See Copy)

II. Personality

___ a. Healthy
X b. Antisocial
___ c. Paranoid
___ d. Explosive
___ e. Dependent
___ f. Passive-Aggressive

Other* (Specify) ___1. Schizoid ___2. Schizotypal ___3. Histrionic ___4. Narcissistic ___5. Borderline ___6. Avoidant ___7. Compulsive ___8. Atypical/mixed

___9. See Copy (Write in your wording) [illegible handwriting] X2.

III. Substance Abuse

1 a. Alcohol addiction/abuse history DUI x1 [illegible] + [illegible]

___ b. Drug addiction/abuse history Denies

N-259 (2/2001)
White to Central Records
Yellow to Institutional File
Pink to Medical Record

* See manual for selections and numbers for "other"

RECEIVED DEC 08

PSYCHOLOGICAL INTERVIEW/DATA ENTRY FORM
Page 2

Name: Clayton

III. Substance Abuse (continued)

_____ c. Current use _____

_____ d. Current addiction _____

Other* (Specify): _____1. _____2. _____3. X 4. _____5. _____6. _____7. _____8.

IV. Emotional Status

_____ a. No significant problems
_____ b. Depressed _____
_____ c. Anxious or stressful _____
_____ d. Angry or resentful _____
_____ e. Confusion or psychotic symptoms _____
_____ f. Mood disturbances _____
_____ g. Sexual maladjustment _____

History of sex offenses? Yes (No)

_____ h. Paranoid ideation _____
_____ i. Sleep/appetite disorder _____

Other* (Specify): ____1. ____2. ____3. ____4. ____5. X 6. ____7. ____8. ____9.
(See Copy) _____

Emotional response to incarceration: DK _____

V. Mental Deficiency

_____ a. Mild
_____ b. Moderate
_____ c. Severe
Y d. Borderline
_____ e. Organic impairment suspected
_____ f. Memory deficit

Remarks: 10-74 _____

History of cerebral trauma or seizures? Yes (No)

* See manual for selections and numbers for "other"

PSYCHOLOGICAL INTERVIEW/DATA ENTRY FORM
Page 3

Name: Clayton .

Mental Health History

_____ a. Outpatient treatment (dates/where) _____

_____ b. Inpatient treatment (dates/where) _____

_____ c. Psychotropic medication (type/effectiveness) _____

_____ d. Family history of mental illness _____

VI. Management Problems

_____ a. Suicide potential Ideation? Yes (No) Plans? Yes (No)
History of attempts/gestures _____

_____ b. Serious mental illness (specify) _____

_____ c. Impulsive /acting out behaviors predicted _____

_____ d. Authority conflict _____

_____ e. Manipulative/untrustworthy _____

_____ f. Easily victimized _____

_____ g. Escape potential _____

_____ h. Assaultiveness _____

History of expressively violent behavior? (Yes) No

Other* (Specify) ____1. ____2. ____3. ____4. ____5. ____6. ____7. ____8. ____9.
(See Copy) _____

VII. Educational Needs

__/__ a. ABE ___ b. Special Education __/__ c. Trade School ___ d. Junior College

VIII. Mental Health Needs

_____ A. Refer to psychiatrist
_____ B. Substance abuse counseling
_____ C. Depression
_____ D. Stress management
_____ E. Sexual adjustment
_____ F. Reality therapy
_____ G. Anger-induced acting out
_____ H. Values clarification
_____ I. Self-concept enhancement
_____ J. Healthy use of leisure
_____ K. Personal development

RECOMMENDATIONS/REMARKS: Recommend SAC, & Programs
Ret age 55 Med Restr

MENTAL HEALTH CODE: SMI HARM HIST (NONE)

Evaluation Completed by: _____ Date: 12/5/02

* See manual for selections and numbers for "other"

***** MMPI-2 ADULT INTERPRETIVE SYSTEM *****

developed by

Roger L. Greene, Ph.D.
Robert C. Brown, Jr., Ph.D.
and PAR Staff

-- CLIENT INFORMATION --

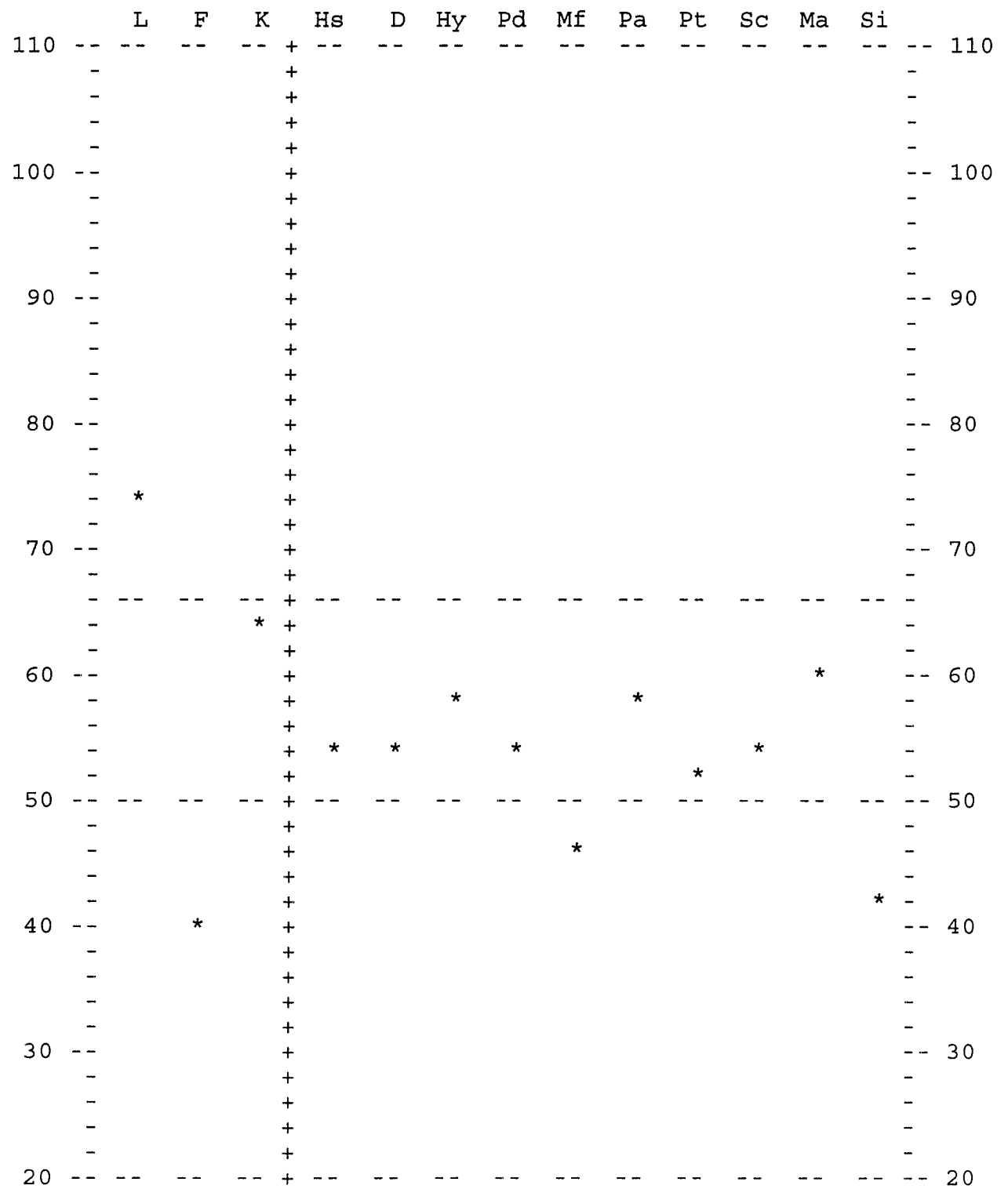
Client	: CLAYTON SIDNEY	Age	: 26
Sex	: Male	Marital Status	:
Education	:	Date of Birth	: 03/23/1976
File Name	: 224797		

Prepared for: Kilby Correctional Facility on 12/04/2002

The interpretive information contained in this report should be viewed as only one source of hypotheses about the individual being evaluated. No decisions should be based solely on the information contained in this report. This material should be integrated with all other sources of information in reaching professional decisions about this individual. This report is confidential and intended for use by qualified professionals only. It should not be released to the individual being evaluated.

PREPARED FOR: Kilby Correctional Facility

-- MMPI-2 PROFILE FOR VALIDITY AND CLINICAL SCALES --



	L	F	K	Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si
T-Score	74	39	64	54	54	57	54	46	57	51	53	59	42

Unanswered (?) Items = 197

Welsh Code: 96342187/50: L'K-F#

-- PROFILE MATCHES AND SCORES --

Scale	Client Profile	Highest Scale Codetype	Best Fit Codetype
Codetype match:		K+	None
Coefficient of Fit:		-.36	
Scores: ? (raw)	197		
L	74	67	
F	39	47	
K	64	65	
Hs (1)	54	53	
D (2)	54	52	
Hy (3)	57	53	
Pd (4)	54	55	
Mf (5)	46	45	
Pa (6)	57	47	
Pt (7)	51	49	
Sc (8)	53	51	
Ma (9)	59	47	
Si (0)	42	44	
Mean Clinical Elevation:	54	51	
Ave age-males:		35	
Ave age-females:		40	
% of male codetypes:		4.4%	
% of female codetypes:		3.7%	
% of males within codetype:		73.5%	
% of females within codetype:		26.5%	

Configural clinical scale interpretation is provided in the report for the following codetype(s):

K+

-- CONFIGURAL VALIDITY SCALE INTERPRETATION --

There is no information available for this configuration of scores for scales L, F, and K. Interpretation for each of the individual validity scales is presented below.

-- VALIDITY SCALES --

? (raw) = 197

This profile is very likely invalid and probably should not be interpreted because the number of unanswered items is greater than 30.

L T = 74

L scores in this range are considered to be significant and suggest: 1) normal individuals who are very self-controlled, rigid, and lacking in insight; 2) the excessive use of repression and denial; or 3) naive and unsophisticated individuals who are attempting to create a very favorable impression of themselves. Psychiatric patients who score in this range and have all clinical scales below a T score of 65 may exhibit a thought disorder.

F T = 39

F scores in this range may indicate that the individual is either denying serious psychopathology by underreporting actual problems or is actually relatively free from stress.

K T = 64

Scores in this range are typically obtained by individuals who tend to be defensive and unwilling to acknowledge psychological problems and distress. They are prone to minimize and disregard problems with themselves and their lives. Self-insight and self-understanding are usually lacking. They are very concerned about how they are perceived by others and typically view emotional problems as weaknesses.

Scores on one or more of the individual validity scales strongly suggests that the profile is invalid. Interpretive hypotheses based on clinical scale scores in the remainder of this report have a very high probability of being inaccurate. Professional users of this report should proceed with extreme caution in using any of this material in generating hypotheses about the individual being evaluated.

-- CONFIGURAL CLINICAL SCALE INTERPRETATION --

K+ Codetype

Clinical Presentation:

This codetype is relatively common in both men and women. They are very defensive, guarded, and resistant to considering that they might have psychological problems. They avoid close interpersonal relationships, and tend to be fearful and suspicious of others.

In normal settings, there are no other descriptors which apply.

The following descriptions and possible diagnoses should only be considered if the individual is being evaluated in a psychiatric setting with substantial reason to suspect the presence of psychological disorder.

In psychiatric settings, there is a strong possibility of a psychotic process and they should be evaluated carefully. Prolonged contact may be necessary in order to have sufficient information to make an evaluation because of their defensiveness and guardedness.

Treatment:

Prognosis is guarded because of their difficulty in realizing that they might have psychological problems that warrant some type of intervention.

Possible Diagnoses:

Axis I - Rule Out Schizophrenia
Rule Out Organic Mental Disorder NOS

Axis II - Rule Out Schizoid Personality Disorder
Rule Out Paranoid Personality Disorder

-- CLINICAL SCALES --

Hs (1) T = 54

Scores in this range are considered to be within normal limits.

D (2) T = 54

Scores in this range are considered to be within normal limits.

Hy (3) T = 57

Scores in this range are considered to be within normal limits.

Pd (4) T = 54

Scores in this range are considered to be within normal limits.

Mf (5) T = 46

Scores in this range are typical for males interested in traditional masculine interests and activities.

Pa (6) T = 57

Scores in this range are considered to be within normal limits.

Pt (7) T = 51

Scores in this range are considered to be within normal limits.

Sc (8) T = 53

Scores in this range are considered to be within normal limits.

Ma (9) T = 59

Scores in this range are often obtained by individuals described as pleasant, active, outgoing, and energetic. They are often independent and self-confident. External restrictions on their activity may possibly result in agitation and dissatisfaction.

Si (0) T = 42

Scores in this range are usually obtained by individuals who are socially extroverted, outgoing, and gregarious. These individuals have a strong need to be around other people. Very low scores are suggestive of individuals who generally form superficial and insincere social relationships. They may be seen by others as impulsive, immature, opportunistic, and manipulative. They may have difficulty forming meaningful, intimate relationships.

-- ADDITIONAL SCALES --

No additional scales were selected for interpretation by the user.

END OF REPORT
****

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
RECEPTION MENTAL HEALTH SCREENING

Institution: Kilby C.F. Date/Time Inmate Received: _____
Date/Time of Screening: 12/2/02 Signature /Title of Screener: N. Jones, LPNC

MENTAL HEALTH TREATMENT PRIOR TO ENTERING THE ADOC

☐ Yes ☒ No Psychotropic Medication: _____
☐ Yes ☒ No Medication turned over to a DOC upon arrival?
☐ Yes ☒ No Mental Health follow – up in last 90 days: _____
☐ Yes ☒ No Suicide/self harm attempts in last 90 days: _____

MENTAL HEALTH HISTORY Does inmate report a history of the following (if yes, provide details):

☐ Yes ☒ No Outpatient treatment: _____
☐ Yes ☒ No Inpatient treatment: _____
☐ Yes ☒ No Psychotropic Medication: _____
☐ Yes ☒ No Suicidal Attempts: _____
☐ Yes ☒ No Suicidal Thoughts: _____
☐ Yes ☒ No Head injury: _____
☐ Yes ☒ No Seizures: _____
☒ Yes ☐ No Violent Behavior: Robbery
☒ Yes ☐ No Substance Abuse: MJ, alc.
☒ Yes ☐ No Substance Abuse Treatment: Court Referral / Gosden, AL
☐ Yes ☒ No Special Education classes: _____

INMATE SELF – REPORT OF CURRENT STATUS

☒ Yes ☐ No First incarceration (reaction): "Not good."
☒ Yes ☐ No Reports family support: Mother & Siblings.
☐ Yes ☒ No Reports serious depression/remorse: _____
☐ Yes ☒ No Thinking about suicide: _____
☐ Yes ☒ No Has plan for suicide: _____
☐ Yes ☒ No Possible to implement plan: _____
☐ Yes ☒ No Reports hallucinations: _____

BEHAVIORAL OBSERVAIONS

☐ Poor eye contact ☐ Poor hygiene ☐ Unable to pay attention ☐ Unresponsive
☐ Disorientated ☐ Overly anxious ☐ Unable to follow directions ☐ Unable to read
☐ Crying ☐ Memory deficits ☐ Signs of self-mutilation ☐ Afraid
☐ Illogical speech content ☐ Appears to be hearing voices of seeing things ☐ Paranoid
☐ Hostile ☐ Other unusual behavior: _____

DISPOSITION PLACEMENT RECOMMENDATION *(Based on reception mental health screening)*

☐ Routine housing and mental health follow-up ☐ Emergency mental health referral
☐ Priority mental health follow-up but not emergency ☐ Safe cell recommended
☐ Current Psychotropic meds verified/interim supply ordered ☐ Parole violator interim assessment referral

Inmate Name: Clayton, Sidney	AIS#: 224797

ALABAMA DEPARTMENT OF CORRECTIONS
INMATE ORIENTATION TO MENTAL HEALTH SERVICES

The Alabama Department of Corrections provides the following mental health services:

- Assessment and treatment of mental illness
- Referral to a psychiatrist, if necessary for medication
- On-going psychiatric treatment
- Group and individual counseling
- Assistance in dealing with stressful problems (adjustment to prisons, grief and loss, family problems)
- Crisis intervention
- Residential mental health treatment and hospitalization, if necessary

If you wish to speak with mental health staff about routine matters such as scheduling for group or individual counseling, send in a Health Services Request form.

In emergency situations or if you have concerns that need to be addressed immediately, contact any correctional officer so that you may receive mental health assistance as soon as possible.

Your participation in mental health services is voluntary except in emergency situations or when you have been provided due process through administrative review.

If you believe the mental health services provided to you are inadequate, you may file an inmate grievance.

Information about the mental health services provided to you is confidential except in the situations when mental health staff believe that you may be:

- Suicidal
- Homicidal
- Presenting a clear danger of injury to self or others
- Presenting a reasonable clear risk of escape or creation of institutional disorder
- Receiving Psychotropic medication
- Requiring movement to a special unit or cell for observation and treatment
- Requiring transfer to a psychiatric hospital outside of the prison
- Requiring a new program assignment for mental health reasons

Mental health staff has a legal duty to report to appropriate authorities any unreported suspected abuse or neglect of a child.

Mental health and medical staff will have access your mental health records when completing their duties. The following persons may have access to your mental health records on a need to know basis:

- Warden of the institution or designee
- Internal investigation staff and legal counsel working with the ADOC
- Departmental and accrediting audit staff
- Persons authorized by a court order or judgment

All other persons or agencies require an authorization for release of information signed by you before gaining access to your mental health records.

This information on this form has been explained to me and I have received a copy of the information for my future reference.

Sidney Clayton — Inmate Signature

224797 — AIS #

12-2-02 — Date Signed

CLAYTON, SIDNEY

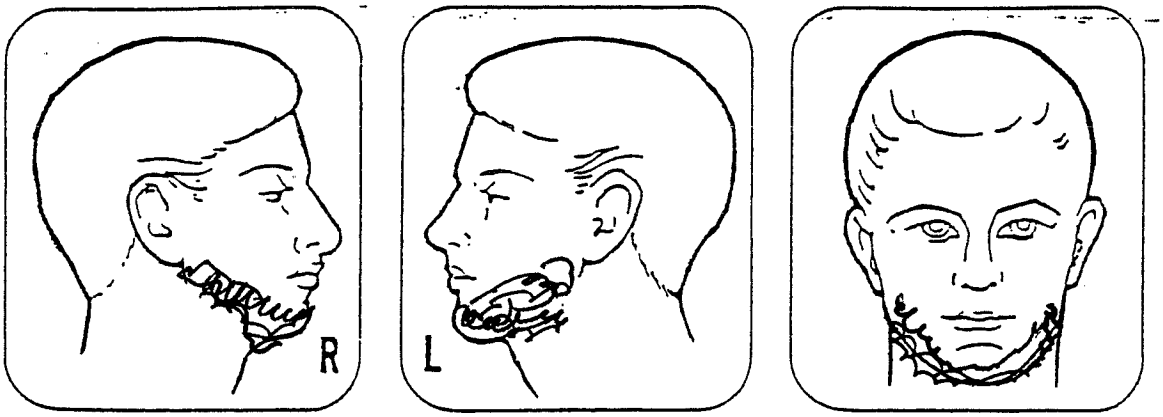
SHAVE PROFILE AUTHORIZATION
CORRECTIONAL HEALTH CARE

DATE: 8/28/06 ORIGINATING INSTITUTION/WORK RELEASE CENTER RETF

REASON FOR PROFILE Moderate facial folliculitis

TREATMENT: Clipper 1/8 inch

SHAVE PROFILE INSTRUCTIONS



1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
3. The type shave to be used is clipper.
4. This shaving profile expires on ____/____/____.
5. Any corrections automatically cancel this profile authorization.
6. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be completed and distributed appropriately.
7. Designated copies of this Shaving Profile Authorization have been distributed to:

RETF Only

☐ Warden ____/____/____ DATE

☐ Inmate ____/____/____ DATE

C Harrell

NURSE'S SIGNATURE (Distributed By)

PHYSICIAN'S SIGNATURE (Authorization)

FULL NAME (Last, First, Middle)	Date-of-Birth	Age	R/S	AIS #
Clayton, Sidney	3/23/1976	30	Blm	224797

ORIGINAL - Blue Medical Jacket

PINK - Warden

PHS
PRISON
HEALTH
SERVICES
INCORPORATED

BLOOD PRESSURE RECORD

INSTRUCTIONS: BP √ x 3 day q 4 hrs

PHYSICIAN: ______________

Date	B.P.	Arm	Initial	Date	B.P.	Arm	Initial
?-4-06	140/100	(R)	KL				

Bullock

NAME: Clayton, Sidney 224797 LOCATION: Veitress

60103 (3/98)

Prison Health Services
Treatment Record

Blood Pressure Checks

Treatment Ordered:

Date	Date	Date	Date	Date	Date	Date
1-5-06	1-11-06	1-18-06				
130/86	130/14	124/84 SAM				
		GH				
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Date	Date	Date	Date	Date	Date	Date
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Comments:

Bullock

Patient Name/Number	Allergies:	Housing Unit:
Clayton Sidney		Population Ventress

Prison Health Services
Treatment Record

Treatment Ordered: Jet Nebtx daily x 7 days 3/17/06 - 3/24/06

Date	Date	Date	Date	Date	Date	Date
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Date	Date	Date	Date	Date	Date	Date
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Comments:

Burdeck

Patient Name/Number	Allergies:	Housing Unit:
Clayton, Sidney 224797	NKDA	Ventress

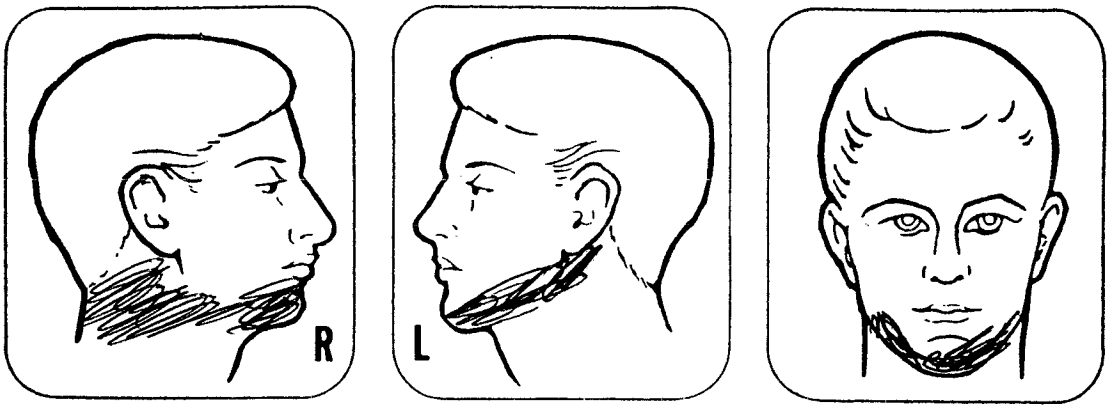
DEPARTMENT OF CORRECTIONS
SHAVE PROFILE AUTHORIZATION

DATE: 4/27/06 ORIGINATING INSTITUTION/WORK RELEASE CENTER Bullock

REASON FOR PROFILE Razor Bumps

TREATMENT: Shaving profile X 120 days

SHAVE PROFILE INSTRUCTIONS



1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
3. The type shave to be used is clipper.
4. This shaving profile expires on 8/27/06.
5. Any corrections automatically cancel this profile authorization.
6. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be completed and distributed appropriately.
7. Designated copies of this Shaving Profile Authorization have been distributed to:

☐ Warden ____/____/____ DATE

☐ Inmate ____/____/____ DATE

M Jackson (LPN)
NURSE'S SIGNATURE
(Distributed By)

Dr Sibley / M Jackson
PHYSICIAN'S SIGNATURE
(Authorization)

FULL NAME (Last, First, Middle)	Date-of-Birth	Age	R/S	AIS #
Clayton, Sidney	3-23-76		B/M	224797

ORIGINAL - Blue Medical Jacket
YELLOW - Inmate
PINK - Warden

F-13

PRISON HEALTH SERVICES INCORPORATED

SEGREGATION HEALTH LOG

Name Sidney Clayton AIS # 224797 Cell 804

Name Key: NC No Complaints
C Complaint (Provide Documentation in Complaint Section)

Year 2006	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time																															
January																															
Nurse																															
February																															
Nurse																															
March																												NC	NC	NC	NC
Nurse																												OR	OR	CG	OR
April	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC																					
Nurse	OR	OR	OR	OR	CG	CG	OR	CH	CG	CH																					
May																															
Nurse																															
June																															
Nurse																															
July																															
Nurse																															
August																															
Nurse																															
September																															
Nurse																															
October																															
Nurse																															
November																															
Nurse																															
December																															
Nurse																															

Nurse's Signature and Initials:

C Gordon RN — CG
D Tear Hunter, LPN — CH

Bullock

60527-AL

ALABAMA DEPARTMENT OF CORRECTIONS

RECEIVING SCREENING FORM

Inmate's Name: Sidney Clayton Date: 4-10-06 Time: 3:20 Pm

DOB: 3-23-76 Officer Cully Institution: BCCT

Booking Officer's Visual Opinion

		YES	NO
1.	Is the inmate conscious?	✓	
2.	Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services?		✓
3.	Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care?		✓
4.	Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infection which might spread through the institution?		✓
5.	Is the skin in poor condition of show signs of vermin or rashes?		✓
6.	Does the inmate appear to be under the influence of alcohol or drugs?		✓
7.	Are there any visible signs of alcohol or drug withdrawl? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.)		✓
8.	Is the inmate making any verbal treats to staff or other inmates?		✓
9.	Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available?		✓
10.	Does the inmate have any obvious physical handicaps?		

If the answer is YES to any questions from 2-10 above, specify WHY in section below.

11.	Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder?		✓
12.	Are you on any special diet prescribed by a physician? (If YES, what type?)		✓
13.	Do you have a history of venereal disease or abnormal discharge?		✓
14.	Have you recently been hospitalized or recently seen a medical or psychiatric doctor any illness?	✓	
15.	Have you ever attempted suicide?		✓
	(If YES, When? _____ How? _____		
16.	Do you want to do any harm to yourself now?		✓

	YES	NO	NO RESPONSE
17. Do you want to talk to a mental health counselor?		✓	
18. Are you allergic to any medication?		✓	
19. Have you recently fainted or had a head injury?		✓	
20. Do you have epilepsy?		✓	
21. Do you have a history of tuberculosis?		✓	
22. Do you have diabetes?		✓	
23. Do you have hepatitis?		✓	
24. Do you have a painful dental problem?	✓		
25. Do you have any medical problems we should know about?		✓	
26. Do you have a past alcohol or drug history?		✓	

What type? _____ How much used? _____

For how long? _____ Last time used? _____

Comments: (Unusual behavior, etc.)

_____

_____

_____

For the Officer:

27. Was the new inmate briefed on sick/dental call procedures? YES

28. This inmate was:
   a. (Released for normal processing) _____
   b. Referred to appropriate health care unit _____
   c. Immediately sent to health care unit _____

M. Cuny Poe
Officer's Signature

NOTE: This form is completed on inter and intra system transfers at receiving and will be filed in the inmates' medical jacket to comply with ACA Standards 2-4289, 2-4290 and AMA Standard 140.

Inmate's Signature

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 4/12/06

To: DOC @ BCCF

From: HCU @ BCCF / DGappling LPN

Inmate Name: Clayton, Sidney **ID#:** 224797

The following action is recommended for medical reasons:

1. ~~House in~~ _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. ~~Other~~ _____

Comments:

Keylock until seen by eye doctor
Start 4/12/06 → 4/20/06 stop.

Date: 4/12/06 **MD Signature:** Dr. Riddig / Appling LPN **Time:** 0900

60418

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 4/11/06

To: DOC @ BCCF

From: HCU @ BCCF / Kapling LPN

Inmate Name: Clayton, Sidney **ID#:** 224797

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Proventil Inhaler x20 days start - 4/11/06 → stop 4/30/06

Date: 4/11/06 **MD Signature:** Dr. Siddiq / Kapling LPN **Time:** _____

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 4-07-06

To: DOC

From: HCU

Inmate Name: Clayton, Sidney **ID#:** 224797

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

May KOP Albuterol inhaler to use (2 puffs) ever 4 hours if needed for 6 months.

04-07-06 to 10-07-06

Date: 04-07-06 **MD Signature:** B. Lisle RN **Time:** 1800

Sidney Clayton

60418

PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE FORM

I, Clayton, Sidney _____ (Doc#)
(Print Name)

acknowledge receipt of the following medical equipment or appliance:

( ) Splint
(✓) Eyeglasses
( ) Dentures
( ) Prothesis describe _____
( ) Wheelchair
( ) Cane
( ) Crutches
( ) Other describe _____

I acknowledge that the equipment/appliance is functional for my use.

I also acknowledge the equipment/appliance is in good working condition.

Sidney Clayton _____ 3/18/06
(Inmate) (Date)

T. Smith Jr _____ 3/18/06
(Witness) (Date)

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC
Clayton, Sidney	224797		B/M	VCF

PHS-MD-70005 (White – Medical File, Yellow – Security Property Officer)

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 3.17.06

To: DOC

From: Dr Rayapati

Inmate Name: Clayton Sidney **ID#:** _____

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

1. Jet Neb treatment daily x 7 days 3/17/06 – 3/24/06 @ 1½ 5⁰⁰/A
2. Pill Call time is 3A-3P

Date: 3/17/06 **MD Signature:** Dr Rayapati/CTolinson MD **Time:** _____

60418

Reason

I've already seen the Doctor.

PHS
PRISON HEALTH SERVICES INCORPORATED

RELEASE OF RESPONSIBILITY

Inmate's Name: Sidney Clayton

Date of Birth: 3/23/76 AIS Social Security No.: 224797

Date: 3/17/06 Time: 11:56 AM (A.M. / P.M.)

This is to certify that I, _____ (Print Inmate's Name), currently in custody at the Ventress (Print Facility's Name), am refusing to accept the following treatment/recommendations: I've Seen the Doctor already (Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Sidney Clayton
(Signature of Inmate)

Kenneth J Coyle CMA
(Signature of Medical Person)

J Coble LPN
(Witness)

(Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

60115 (5/85)

602

PRISON HEALTH SERVICES
SEGREGATION LOG

Name: Clayton, Sidney AIS 224797 DOB ______ ~~UNIT~~ ~~101~~ ~~803~~ (VCF 101 12-24-05 am) YEAR 2005

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															
JULY																															
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER		CH/M	DT	DT	DT	DT	DT	DT	DT	DT	DT	DT	DT	DT	DT		DT	DT	DT	DT	DT	DT	DT	DT	DT	DT	DT	DT	DT	NC/JH	DT

(Below December 4: dm (M) see back of sheet; below December 9: CH/NC; below December 23: CH/NC)

KEY: M – MEDICAL
D – DENTAL
P—PSYCHIATRIC
N/C-NO COMPLAINTS

NURSES SIGN AND INITIAL

CHunter, LPN	CH
[illegible]	
J. Huice, LPN - JH	
D. Teal	

NC 072

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Clayton, Sidney
LAST FIRST MI

DATE OF BIRTH ~~12 1805~~ 032376 ~~SS#~~ AIS 224797

Housing Recommendations:

Follow up Chronic Care Clinic 1 month For Blood pressure check Newsletter For Stop up

General Population____
Medical Observation Unit____
Lower Level/Lower Bunk____
Suicide Precautions____
Special Watch (15 Minute Checks)____
Isolation____
Initiate Universal Precautions____

— D/C Crutches
— Back exercises daily X 90 Days 01 03 06 04 03 06
— Moist heat (warm towel) to back at least 2 times daily For 15 minutes

Individual found to be:

Frail/Elderly____
Physically Handicapped____
Developmentally Disabled____
Drug/Alcohol Withdrawal____
Special Mental Health Needs____
Expressed Suicidal Ideation____
History of Seizures____
Other____
Specify____

— Blood pressure check weekly X 3 wks 01 04 06 01 11 06 01 18 06 come at 0500 Am

Nurse C Clayton Date 01 03 06

GLF 1005 Original/Classification Second Copy/Booking Staff Third Copy/Medical Unit

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PRISON HEALTH SERVICES
INCORPORATED

RELEASE OF RESPONSIBILITY

Inmate's Name: Clayton, Sidney #224797

Date of Birth: 3-23-76 Social Security No.: 314-78-3270

Date: 1-3-06 Time: 150 A.M. P.M.

This is to certify that I, Sidney Clayton (Print Inmate's Name), currently in custody at the Ventress Correctional Facility (Print Facility's Name), am refusing to accept the following treatment/recommendations: sick call (Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Sidney Clayton 224797 (Signature of Inmate)**

C Hunter, LPN (Signature of Medical Person)

(Witness)

(Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

60115 (5/85)

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Clayton Sidney
LAST **FIRST** **MI**

DATE OF BIRTH 3-23-76 **SS#** 120605

Housing Recommendations:

General Population_____
Medical Observation Unit_____
Lower Level/Lower Bunk_____
Suicide Precautions_____
Special Watch (15 Minute Checks)_____
Isolation_____
Initiate Universal Precautions_____

Back Exercises daily x 30d 12/20/05 — 1/20/06

Moist Heat to affected 10 mts. daily x 2wks may use damp towel with warm water apply for 10 minutes 12-20-05 — 1-03-06

Individual found to be:

Frail/Elderly_____
Physically Handicapped_____
Developmentally Disabled_____
Drug/Alcohol Withdrawal_____
Special Mental Health Needs_____
Expressed Suicidal Ideation_____
History of Seizures_____
Other_____
Specify_____

Nurse W. Young Lpn Date 12-20-05

Sidney Clayton.

GLF 1005 Original/Classification Second Copy/Booking Staff Third Copy/Medical Unit

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 12-8-05

To: VCF / DOC.

From: HCU.

Inmate Name: Clayton, Sidney **ID#:** 224797.

The following action is recommended for medical reasons:

1. House in INF SEG
2. Medical Isolation
3. Work restrictions
4. May have extra until
5. Other

Comments:

Renewal of Housing Restriction Chronic Illness x 1 year. Begin 12-8-05 and 12-8-06 no side burns, no mustache, Clip facial hair on face ½".

Date: 12/8/05 **MD Signature:** Rajagopal Jakkireddy **Time:** 12 40 p.

60418

Sidney Clayton

PHS
PRISON HEALTH SERVICES INCORPORATED

Attachment E, IMPP 10-127
Effective 3-22-91

DEPARTMENT OF CORRECTIONS

REFUSAL TO SUBMIT TO TREATMENT

Date: 11-21-05 Time: 10 30 (A.M.) P.M.

I have been advised by Medical Staff Ventress Correctional Fac.
that it is necessary for me to undergo the following treatment:

Hepatitis B Vaccine
(Describe Operation Or Treatment)

The effect and nature of this treatment have been explained to me.

Although my failure to follow the advice I have received may seriously imperil my life or health, I nevertheless refuse to submit to the recommended treatment. I assume the risks and consequences involved and release the above named Medical Personnel, the Ventress,
(Name of Facility)
and its agents and employees from any liability.

Inmate: Refused to Signed Date: 11-21-05

Witness: [signature] Date: 11-21-05

Witness: [signature] Date: 11-21-05

DOC # 010-127-004

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC
Clayton Sidney	224777	3-23-76	B/M	VCF

PHS-MD-70032

PHS
PRISON HEALTH SERVICES INCORPORATED

RELEASE OF RESPONSIBILITY

Inmate's Name: Sidney Clayton

Date of Birth: 3/23/76 Social Security No.: 314-78-3280

Date: 11/4/05 Time: 2:30pm A.M. P.M.

This is to certify that I, Sidney Clayton (Print Inmate's Name), currently in custody at the Ventress Correctional (Print Facility's Name), am refusing to accept the following treatment/recommendations: Sick Call (Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Sidney Clayton (Signature of Inmate)**

224797 (Signature of Medical Person)

(Witness)

G Johnson LPN (Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

60115 (5/85)

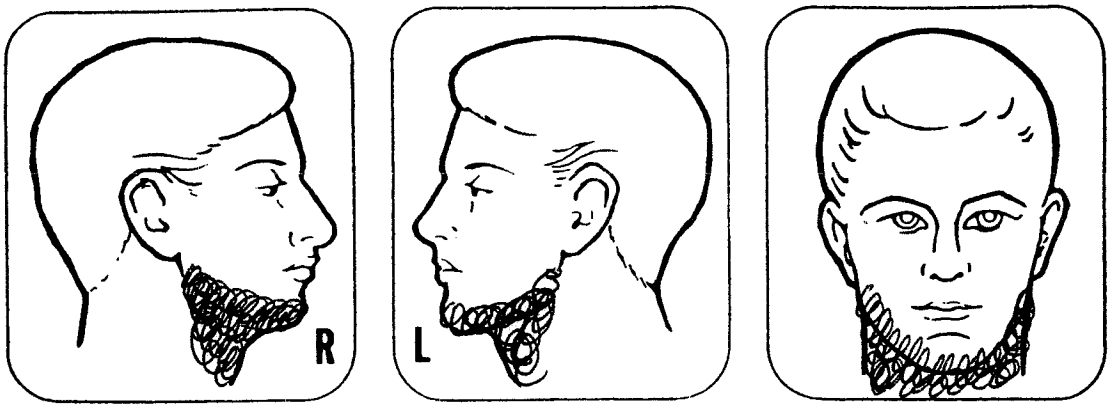
DEPARTMENT OF CORRECTIONS
SHAVE PROFILE AUTHORIZATION

DATE: 12/17/04 ORIGINATING INSTITUTION/WORK RELEASE CENTER Ventress Correctional

REASON FOR PROFILE Facial irritation

TREATMENT: Clipper shave shaded area 1/8th inch from skin x one year 12/17/04 - 12/17/05

SHAVE PROFILE INSTRUCTIONS



1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
3. The type shave to be used is clipper.
4. This shaving profile expires on 12/17/05.
5. Any corrections automatically cancel this profile authorization.
6. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be completed and distributed appropriately.
7. Designated copies of this Shaving Profile Authorization have been distributed to:

☐ Warden ____/____/____ DATE

☒ Inmate 12/17/04 DATE

G Johnson LPN
NURSE'S SIGNATURE
(Distributed By)

Dr Rayapati/G Johnson LPN
PHYSICIAN'S SIGNATURE
(Authorization)

FULL NAME (Last, First, Middle)	Date-of-Birth	Age	R/S	AIS #
Clayton, Sidney	3/23/76		B/M	224797

ORIGINAL - Blue Medical Jacket
YELLOW - Inmate
PINK - Warden

F-13

+ Sidney Clayton